

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sei Kato
Serial No.: 10/809,117
Filed: March 25, 2004
For: ULTRASONIC IMAGING METHOD
AND ULTRASONIC DIAGNOSTIC
APPARATUS

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: Group No.: 3768
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: Examiner: Rozanski, Michael T.
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Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Amendment After Final Rejection in response to the final Office Action dated
August 19, 2008 (15 pages)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 130.00	\$ 65.00
_____ second month	\$ 490.00	\$ 245.00

_____ third month	\$ 1,110.00	\$ 555.00
_____ fourth month	\$1,730.00	\$ 865.00
_____ fifth month	\$2,350.00	\$1,175.00

Fee: _____ \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL RATE FEE		ADDITIONAL RATE FEE
TOTAL INDEP.	_____	MINUS	_____	=	x \$25.00 = \$		x \$50.00 = \$
	_____	MINUS	_____	=	x \$100.00 = \$		x \$200.00 = \$
_____ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180.00 = \$		+ \$360.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$ _____

☐ Charge Deposit Account No. 01-2384 the sum of \$.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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